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SANTA FE		]/ _	
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U.S.G.S.		<u> </u>	
LAND OFFICE		l	
TRANSPORTER	OIL	]/_	
	GAS		
OPERATOR		2	1
PROBATION OFFICE			ļ

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST F	OR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65				
-	FILE /	AUTHORIZATION TO TRAN	AS					
	U.S.G.S.	AUTHORIZATION TO TRAN	SPURT OIL AND NATURAL G	AS				
<u> </u>	OIL /							
	TRANSPORTER GAS /							
	OPERATOR 2							
4. L	PRORATION OFFICE							
	El Paso Natural Gas C	ompany						
-	Address	55						
	Box 990, Farmington,	Hew Mexico - 8/401	Other (Please explain)					
- 1	Reason(s) for filing (Check proper box)  New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas						
	Change in Ownership	Casinghead Gas Condens	ate					
_	f change of ownership give name							
8 I	ind address of previous owner							
	DESCRIPTION OF WELL AND L	EASE		Large No				
	Lease Name	Well No. Pool Name, including to	Centa Fadora					
	San Juan 27-5 Unit	113 Basin Dakots		313.33				
	Location A 1150	Feet From The North Line	andFeet From	The <b>East</b>				
	Unit Letter;	reet riom rite		A constitution of the cons				
į	Line of Section 10 Tow	nship <b>271</b> Range	5W , NMPM, R1C	Arribe County				
-		SER OF OUL AND NATURAL GAS	S					
III.	Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GAS	11341355 (3111					
Ì	El Paso Matural Gas C	ompany	Box 990, Farmington, New Mexico - 87401.  Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico -87401.					
	Name of Authorized Transporter of Cas							
	El Paso Hatural Gas C	Unit Sec. Twp. Rge.		en				
	If well produces oil or liquids, give location of tanks.	A 10 271 5W	1					
		h that from any other lease or pool,	give commingling order number:					
IV.	If this production is commingled with COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completion	. 0	X					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	5-12-69	7-1-69	86421	8625'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Mar/Gas Pay	Tubing Depth <b>8551</b>				
	7337' GL	Dakota		Depth Casing Shoe				
	8368-80', 8435-41', 8482-92', 8536-44', 8554-64', 8575-85' 8642'							
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	13 3/4"	9 5/8"	14661	150 Sks.				
	8 3/4"	4 1/2"	8642'	360 Sks.				
	6 1/4"	1 1/4"	8551'	Tubing				
117	TEST DATA AND REQUEST F	OP AT LOWARIE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-				
٧.	OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test		a creline				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size / KLULIVED				
	Length of 1991			Gas-MCF				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	JUL 23 1969				
				OIL CON. COM.				
	GAS WELL			Gravity of Condendate ST. 3				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condendate				
	2793	3 Hrs.	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	2516	3/4"				
	Calculated A.O.F.	2519		ATION COMMISSION				
VI	. CERTIFICATE OF COMPLIAN	ICE		AUG 5,4969				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Original Signed By:  L. O. Van Ryan  (Signature)  Petroleum Engineer							
			Original Signed by	BY Original Signed by Emery C. Arnold				
			TITLE SUPERVISOR DIST. #5					
			TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-					
	July 18, 1969  (Title)  able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of complete or transporter or other such change of complete or other such change of complete or transporter or other such change of complete or other such change or other			wells.				
				Olfer of office agen eneme.				
	(1	Date)	Separate Forms C-104 m	nust be filed for each pool in multiply				
			completed wells.					